

LET'S GET TO WORK

**BUSINESS ACCOUNT
SWITCH KIT**

Want to make the switch to DFCU Financial? We can help make it easy!

Our team of experts is ready to help you through the process of switching to DFCU Financial. They can:

- 1.) Open your business account at DFCU Financial. Our representatives can help you determine which business account relationships and services are best for you and your business based on how you will use your account. The [Business Switch Kit Checklist](#) is a step-by-step checklist to help make the switch process easier for you.
- 3.) Provide you with a variety of options to [easily fund your DFCU Financial business account](#).
- 4.) Provide you with the necessary letters to [switch recurring automatic payments](#).
- 5.) Walk you through the next steps you will need to complete to finish the process like:
 - a. Updating your account information on websites you use.
 - b. Switching online bill pay service, if applicable.

Make the switch today!

To start the process, [visit your local Ann Arbor, metro Detroit, Grand Rapids or Lansing DFCU Financial branch office](#).

To expedite the process, feel free to use the forms contained within this packet and bring them with you when you come in to open your account. If not, our team members can help you complete them during the process.

DFCU Financial Routing Number: 072486791





P.O. BOX 6048
 DEARBORN, MICHIGAN 48121
 PH 888.336.2700
 dfcufinancial.com

Business Switch Kit Checklist

We've made it easy to switch your business account to DFCU Financial!

Use this step-by-step checklist to help you with the switch process. Print this checklist and as you complete items, check off the boxes on your printed copy.

<input type="checkbox"/>	<p>Open your membership and establish an account at DFCU Financial. You may do this by visiting any of our convenient branch locations. Don't forget to:</p> <p><input type="checkbox"/> Order Checks <input type="checkbox"/> Order a Debit Card</p>																		
<input type="checkbox"/>	<p>Access DFCU Online - The Business Online Administrator will receive an email once the Online Access Authorization has been processed. The email will contain initial credentials for DFCU Online access and must be used within 72 hours of receipt of the email.</p>																		
<input type="checkbox"/>	<p>Verify that all checks, debit card transactions and scheduled bill payments have cleared your old account(s). If they have not, make sure to leave enough money to cover any outstanding items.</p>																		
<input type="checkbox"/>	<p>Switch your automatic payments and withdrawals:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Mortgage/Rent</td> <td><input type="checkbox"/> Auto</td> <td><input type="checkbox"/> Association Fees</td> </tr> <tr> <td><input type="checkbox"/> Supplies/Vendors</td> <td><input type="checkbox"/> Club/Membership Dues</td> <td><input type="checkbox"/> Internet Service</td> </tr> <tr> <td><input type="checkbox"/> Cable TV / Satellite</td> <td><input type="checkbox"/> Investments</td> <td><input type="checkbox"/> Credit Cards</td> </tr> <tr> <td><input type="checkbox"/> Utilities (Electric, Gas, Water)</td> <td><input type="checkbox"/> Insurance</td> <td><input type="checkbox"/> Phone / Cell Phone</td> </tr> <tr> <td><input type="checkbox"/> Online Billing</td> <td><input type="checkbox"/> ACH Withdrawal</td> <td><input type="checkbox"/> Taxes</td> </tr> <tr> <td><input type="checkbox"/> Payroll</td> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Mortgage/Rent	<input type="checkbox"/> Auto	<input type="checkbox"/> Association Fees	<input type="checkbox"/> Supplies/Vendors	<input type="checkbox"/> Club/Membership Dues	<input type="checkbox"/> Internet Service	<input type="checkbox"/> Cable TV / Satellite	<input type="checkbox"/> Investments	<input type="checkbox"/> Credit Cards	<input type="checkbox"/> Utilities (Electric, Gas, Water)	<input type="checkbox"/> Insurance	<input type="checkbox"/> Phone / Cell Phone	<input type="checkbox"/> Online Billing	<input type="checkbox"/> ACH Withdrawal	<input type="checkbox"/> Taxes	<input type="checkbox"/> Payroll	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mortgage/Rent	<input type="checkbox"/> Auto	<input type="checkbox"/> Association Fees																	
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<input type="checkbox"/> Payroll	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____																	
<input type="checkbox"/>	<p>Verify that all outstanding items have cleared your account and that your direct deposits and automatic payments have begun posting to your new DFCU Financial account.</p>																		
<input type="checkbox"/>	<p>Close your old account – ask about our helpful forms to aid you in this process.</p>																		
<input type="checkbox"/>	<p>Additional options to consider:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Apply for a DFCU Financial Credit Card <input type="checkbox"/> Refinance your auto loan to DFCU Financial <input type="checkbox"/> Apply for a Mortgage, Term Loan, or Line of Credit <input type="checkbox"/> Merchant Services <input type="checkbox"/> Payroll Services <input type="checkbox"/> Insurance & Benefits <input type="checkbox"/> Speak to someone about Retirement Planning 																		

Thank you for becoming a member of DFCU Financial! If you have any questions or need help, please contact us at 888.336.2700.

There are several ways to easily fund your new DFCU Financial Business Account:

<input type="checkbox"/>	Option 1	Visit one of our many convenient DFCU Financial branches with a personal check, cashier's check, cash or your debit card.
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<input type="checkbox"/>	Option 2	Visit your other financial institution and request a cashier's check from your account.
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<input type="checkbox"/>	Option 3	<p>Request a wire transfer of funds from your other financial institution. You will need to provide them with the following information:</p> <table border="1" style="width: 100%;"> <tr> <td colspan="2">Name</td> </tr> <tr> <td>Address</td> <td>City, State, Zip</td> </tr> <tr> <td>Account #</td> <td>Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____</td> </tr> <tr> <td colspan="2">DFCU Financial Routing Number (ABA): 072486791</td> </tr> </table>	Name		Address	City, State, Zip	Account #	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____	DFCU Financial Routing Number (ABA): 072486791	
Name										
Address	City, State, Zip									
Account #	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____									
DFCU Financial Routing Number (ABA): 072486791										

<input type="checkbox"/>	Option 4	<p>If you use online bill pay at your other financial institution, set DFCU Financial up as a payee with the following details:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Biller Name</td> <td style="width: 50%;">Biller Address</td> </tr> <tr> <td>DFCU Financial</td> <td>P O Box 6048</td> </tr> <tr> <td></td> <td>Dearborn, MI 48121</td> </tr> <tr> <td>Your Checking Account #</td> <td></td> </tr> <tr> <td colspan="2">Found on your membership card: _____</td> </tr> </table>	Biller Name	Biller Address	DFCU Financial	P O Box 6048		Dearborn, MI 48121	Your Checking Account #		Found on your membership card: _____	
Biller Name	Biller Address											
DFCU Financial	P O Box 6048											
	Dearborn, MI 48121											
Your Checking Account #												
Found on your membership card: _____												

Important Reminder!

Before you transfer your balance to DFCU Financial, you will want to make sure all outstanding items have cleared or that you have accounted for all outstanding items in the remaining balance in your old business account.



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How To Wire Funds to your DFCU Financial Account

A wire transfer is an electronic transfer of money. In the case of a bank-to-bank transfer, no actual cash is exchanged, but electronic balances in the respective accounts are adjusted accordingly. Wire transfers can be a very secure method of exchanging funds.

Please fill out the following information below and present this document to your current financial institution to proceed with wiring funds to your DFCU Financial account.

Funds Should Be Wired To the Following:

DFCU Financial Account Holder Name

DFCU Financial Account Number

Account Type

Checking Savings Money Market Other:

Account Holder Street Address

City/State/Zip

DFCU Financial Routing Number (ABA): 072486791

IMPORTANT: Fees may be assessed by the sending bank, or if applicable, any intermediary banks. DFCU Financial cannot determine if fees will be charged. DFCU does not directly accept wires from foreign institutions and does not have a SWIFT code. The foreign institution should have its own domestic institution that it processes wire through.



P.O. BOX 6048
DEARBORN, MICHIGAN 48121
PH 888.336.2700
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Date: _____

Merchant/Payee: _____

Address: _____

City, State, Zip: _____

RE: Recurring Automatic Payment Transfers for _____

Please use this request, as indicated by my original signature below, as formal authorization to deduct any recurring payment(s) to you from my new account with **DFCU Financial** listed below. Recurring payments from my former financial institution should be discontinued.

Customer Information:	
Customer Name	Merchant/Payee Account Number
Customer Street Address	Customer City/State/Zip

Please make this change effective as of (Date):
New DFCU Financial Account Number:
DFCU Financial Routing Number: 072486791

If the information contained on this form is insufficient to make the changes requested, please contact me immediately at _____.

Thank you for your assistance.

Signature: _____

Date: _____

Member/Org Number:

Account Number:



Business Resolution
("Business/Organization")

Location of principal office _____

State of organization: _____

FORM OF ORGANIZATION

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Association (Unincorporated) |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Partnership (LP) | <input type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> Professional Corporation (PC) | <input type="checkbox"/> Limited Liability Partnership (LLP) | | |

The following authorizations for Share/Deposit Accounts dated _____ is attached to and is part of this document.

ADOPTION BY VOTE OF GOVERNING PERSONS

Note: Do not execute this section if organized as a sole proprietorship, partnership or limited liability company.

The undersigned certifies that he/she is the custodian of the corporate seal (if any) and of the minutes and records of the above named Business/Organization and has been authorized and directed to certify to the Credit Union that the following attached documents are true and correct copies of resolutions and agreements duly adopted by a vote of the governing members of the Business/Organization in accordance with the law and, as applicable, the Articles of Incorporation, Operating Agreement, Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed. The undersigned further certifies that all of the information provided above is true.

Signature
X

Name (print): _____

Title: _____

Date: _____

ADOPTION BY UNANIMOUS WRITTEN CONSENT OF GOVERNING PERSONS

The undersigned adopt on behalf of the Business/Organization the following attached resolutions and agree to all actions directed therein. The death or withdrawal of any person signed below shall not constitute a revocation of any authority granted by such resolutions until the Credit Union is notified in writing of such death and the extent of any resulting revocation. Furthermore, the undersigned certify(ies) that he/she/they constitute(s) all of the persons vested with authority to make decisions on behalf of the Business/Organization and that no person with decision-making authority has been omitted; that they are authorized to adopt resolutions by unanimous written consent; that all of the information provided above is true; that the attached are true and correct copies of resolutions adopted by this unanimous written consent; that adoption of these resolutions is in accordance with the law and, as applicable, the Articles of Incorporation or Organization, Operating Agreement Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed.

Signature
X

Name (print): _____

Title: _____

Date: _____

Signature
X

Name (print): _____

Title: _____

Date: _____

Signature
X

Name (print): _____

Title: _____

Date: _____

Signature
X

Name (print): _____

Title: _____

Date: _____

Signature
X

Name (print): _____

Title: _____

Date: _____

Signature
X

Name (print): _____

Title: _____

Date: _____

Execute one section only.

AUTHORIZATION FOR SHARE/DEPOSIT ACCOUNTS

WHEREAS on this _____ day of _____, _____, it has been determined that it is in the best interest of the Business/Organization to establish a membership in and depository relationship with DFCU Financial ("Credit Union").

WHEREAS Business/Organization has considered the terms of the Business Membership and Account Agreement governing accounts established at the Credit Union.

NOW, THEREFORE, BE IT RESOLVED AND AGREED, that the Credit Union is hereby designated as a depository of funds belonging to the Business/Organization.

BE IT FURTHER RESOLVED AND AGREED, that the person(s) designated below is (are) vested with all power and authority described for a Business Signer, Business Authorized Signer, or Business Inquirer in the Business Membership and Account Agreement.

BE IT FURTHER RESOLVED AND AGREED, that a "Business Signer" is vested with the authority to individually establish membership, open/close accounts of any type, and perform maintenance on accounts on behalf of the Account Owner, and transact any business of any nature on such accounts including but not limited to the following:

- Depositing, withdrawing and transferring funds into, out of and between one or more account(s);
- Signing drafts, checks and other orders for payment or withdrawal;
- Issuing instructions regarding orders for payment or withdrawal;
- Endorsing any check, draft, certificate, share certificate and other instrument or order for payment owned or held by the Account Owner;
- Initiate Wire Transfers;
- Receiving information of any nature about the account.
- Removing any Business Authorized Signer from the account; and
- Removing any Business Inquirer.

BE IT FURTHER RESOLVED AND AGREED, that a "Business Authorized Signer" is vested with authority to individually transact any business of any nature on such accounts including, but not limited to the following:

- Depositing, withdrawing and transferring funds into, out of and between one or more account(s);
- Signing drafts, checks and other orders for payment or withdrawal;
- Issuing instructions regarding orders for payment or withdrawal;
- Endorsing any check, draft, certificate, share certificate and other instrument or order for payment owned or held by the Account Owner;
- Initiate Wire Transfers; and
- Receiving information of any nature about the account.

A Business Authorized Signer may not establish membership, open/close accounts or perform any maintenance activities on the accounts including, but not limited to address changes. A Business Authorized Signer may be removed at any time without notice by any Business Signer.

BE IT FURTHER RESOLVED AND AGREED, that a "Business Inquirer" is vested with the authority to individually receive information of any nature about the accounts. A Business Inquirer may be removed at any time without notice by any Business Signer.

BE IT FURTHER RESOLVED AND AGREED, if a Business Account Application indicates that there is more than one Business Signer or Business Authorized Signer, the Credit Union is authorized to recognize any one signature in the payment of funds or the transaction of business on the account.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union will be notified promptly and in writing of any change of the Business Signer(s), Business Authorized Signer(s), or Business Inquirer(s) identified below, or any change in the ownership, legal structure, or management of the business/organization and upon any dissolution or bankruptcy of the Business/Organization.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of a Business Signer, Business Authorized Signer, or Business Inquirer provided below, in the exercise of any powers granted by the Business Membership and Account Agreement until notified in writing of a change; that the Credit Union shall not be held liable for refusing to honor any signature where the Business/Organization has not provided to the Credit Union a Specimen thereof; that the Business/Organization holds the Credit Union harmless from and agrees to indemnify the Credit Union for all claims, demands, losses, costs, damages or expenses including reasonable attorney's fees suffered or incurred by the Credit Union resulting from payments and disbursements made or any other actions the Credit Union takes in good faith in reliance on the actual or facsimile signatures of a Business Signer, Business Authorized Signer, or Business Inquirer, provided that when a signature is required to exercise the authority described in the Business Membership and Account Agreement, the signature of one Business Signer, Business Authorized Signer, or Business Inquirer with respect to share or deposit accounts must appear on the appropriate document.

BE IT FURTHER RESOLVED AND AGREED, that this Authorization for Share/Deposit Accounts expressly revokes and replaces any and all Authorizations for Share/Deposit Accounts adopted by the Business/Organization and presented to the Credit Union.

Business Signer(s) for Share/Deposit Accounts

_____	_____	X
Name (print)	Title	Signature
_____	_____	X
Name (print)	Title	Signature
_____	_____	X
Name (print)	Title	Signature
_____	_____	X
Name (print)	Title	Signature
_____	_____	X
Name (print)	Title	Signature

Business Authorized Signer(s) for Share/Deposit Accounts

_____	_____	X
Name (print)	Title	Signature
_____	_____	X
Name (print)	Title	Signature
_____	_____	X
Name (print)	Title	Signature
_____	_____	X
Name (print)	Title	Signature
_____	_____	X
Name (print)	Title	Signature

Business Inquirer(s) for Share/Deposit Accounts

_____	_____	X
Name (print)	Title	Signature
_____	_____	X
Name (print)	Title	Signature
_____	_____	X
Name (print)	Title	Signature
_____	_____	X
Name (print)	Title	Signature
_____	_____	X
Name (print)	Title	Signature

FOR CREDIT UNION USE ONLY

DATE

BRANCH NAME

EMPLOYEE

Member Number



Business Member Information Record

BUSINESS INFORMATION		
Full Legal Name of Business		NAICS Code (six digits)
Describe Nature of Business _____ _____		
Majority Owner Name		Ownership Share %
Does the business accept payments in connection with any of the following? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, mark the appropriate boxes below)		
<input type="checkbox"/> Adult Entertainment		
<input type="checkbox"/> Automated Teller Machine (ATM) Ownership or Servicing		
<input type="checkbox"/> Gasoline Sales		
<input type="checkbox"/> Internet Gambling (defined as the participation of another person in a bet or wager that involves the use of the Internet and that is unlawful under any federal or state law, termed "restricted transactions" in the Unlawful Internet Gambling Enforcement Act of 2006)		
<input type="checkbox"/> Liquor Store or Party Store		
<input type="checkbox"/> Tier 1 Marijuana/Hemp Related Business (MRB) having direct contact with marijuana or hemp through cultivation or sale. Tier 1 MRBs are generally licensed by the state. May include growers, transporters, medical dispensaries, recreational retail.		
<input type="checkbox"/> Tier 2 Marijuana/Hemp Related Business (MRB) marketing products and services directly to Tier 1 MRBs and the marijuana industry in general. May include hydroponic supply stores, advertising, licensing, consulting.		
<input type="checkbox"/> Tier 3 Marijuana/Hemp Related Business (MRB) having incidental contact with a Tier 1 or Tier 2 MRB. May include lawyers, accountants, general contractors, commercial property owners.		
<input type="checkbox"/> Money Services (payday lending, check cashing, money orders, currency exchanges, wire transmission, prepaid card sales)		
<input type="checkbox"/> Managing or investing customer funds		
Annual Sales		Number of Employees
How long have you owned this business? _____ Years _____ Months _____ N/A		How long have you managed this business? _____ Years _____ Months _____ N/A
Describe the location of your target/existing customers (check all that apply) CUSTOMER BASE <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Other (Please Specify): _____		
Does this business accept remotely created checks (RCCs) as payment for any goods or services? NOTE: RCCs are checks originated by phone or internet. <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide details: _____		
Which of our branches do you intend to use to conduct your business? _____		
Based on the nature of the business, is a special license (above and beyond the SOM/County business license) required? (i.e. plumber, contractor, pharmacy)		
LICENSE TYPE	GRANTING AUTHORITY/STATE(S)	EXPIRATION DATE(S)
_____	_____	_____

BUSINESS INFORMATION

What types of banking services do you expect to use at our financial institution on a monthly basis?

SERVICE	NUMBER/FREQUENCY	AVERAGE AMOUNT
<input type="checkbox"/> Check Deposits		\$
<input type="checkbox"/> Check Withdrawals		\$
<input type="checkbox"/> Currency Deposits		\$
<input type="checkbox"/> Currency Withdrawals		\$
<input type="checkbox"/> Domestic Wire Services – Outgoing		\$
<input type="checkbox"/> Domestic Wire Services – Incoming		\$
<input type="checkbox"/> International Wire Services – Incoming		\$
<input type="checkbox"/> Internet Banking Services		\$
<input type="checkbox"/> Web Bill Pay		\$
<input type="checkbox"/> Purchase of Official Checks, Money Orders, or other Negotiable Instruments		\$
<input type="checkbox"/> Receipt of ACH Transactions		\$
<input type="checkbox"/> Receipt of IAT ACH Transactions		\$
<input type="checkbox"/> Other (please specify): _____		\$
<input type="checkbox"/> Other (please specify): _____		\$
<input type="checkbox"/> Other (please specify): _____		\$

FOR CREDIT UNION USE ONLY

DATE _____ BRANCH _____ EMPLOYEE _____

Member/Org Number



Business Membership Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person or business that opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

BUSINESS INFORMATION

NAME OF ORGANIZATION		OTHER TRADE OR DBA NAME(S)		
<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Association (Unincorporated)	
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Non-Profit Corporation	
<input type="checkbox"/> Professional Corporation		<input type="checkbox"/> Limited Liability Partnership (LLP)		
STATE ORGANIZED	EIN/TIN	NAICS CODE		
MAILING ADDRESS		CITY	STATE	ZIP CODE
PHYSICAL ADDRESS		CITY	STATE	ZIP CODE
BUSINESS PHONE	OTHER PHONE	WEB SITE ADDRESS/EMAIL		
MEMBERSHIP ELIGIBILITY		NATURE OF BUSINESS		

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY MEMBERS

WHAT IS THIS FORM?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity members. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

WHO HAS TO COMPLETE THIS FORM?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

WHAT INFORMATION DO I HAVE TO PROVIDE?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity member (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity member (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

1193BUSMEMAPPFILL

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information.

a. Name Natural Person Opening Account:

FIRST NAME	LAST NAME
------------	-----------

b. Name, Type and Address of Legal Entity for Which the Account is Being Opened:

ENTITY NAME	TYPE	ADDRESS
-------------	------	---------

c. The following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above. If no individual meets this definition, please check "Beneficial Owner Not Applicable" below and skip to the next section.

Beneficial Owner Not Applicable

NAME		DATE OF BIRTH	ADDRESS (Residential or Business Street Address)	
SOCIAL SECURITY NUMBER	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*	OWNERSHIP SHARE %	MEMBERSHIP ELIGIBILITY

NAME		DATE OF BIRTH	ADDRESS (Residential or Business Street Address)	
SOCIAL SECURITY NUMBER	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*	OWNERSHIP SHARE %	MEMBERSHIP ELIGIBILITY

NAME		DATE OF BIRTH	ADDRESS (Residential or Business Street Address)	
SOCIAL SECURITY NUMBER	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*	OWNERSHIP SHARE %	MEMBERSHIP ELIGIBILITY

NAME		DATE OF BIRTH	ADDRESS (Residential or Business Street Address)	
SOCIAL SECURITY NUMBER	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*	OWNERSHIP SHARE %	MEMBERSHIP ELIGIBILITY

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions (if appropriate, an individual listed under section (c) above may also be listed in this section (d)).

NAME		ADDRESS (Residential or Business Street Address)		
TITLE		DATE OF BIRTH	MEMBERSHIP ELIGIBILITY	
SOCIAL SECURITY NUMBER	PASSPORT OR OTHER ID NUMBER*		COUNTRY OF ISSUANCE*	

* For U.S. Persons: Provide a Social Security Number.

For Non-U.S. Persons: Provide a Social Security Number, passport number and country of issuance, or other similar identification card number or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

CERTIFICATION SIGNATURE

I, (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I also agree, on behalf of the Legal Entity identified above, that the Credit Union will be notified of any change in such information.

X

NAME (PRINT):				
DATE:				

ADDITIONAL OWNERS (OTHER THAN BENEFICIAL OWNERS ALREADY LISTED ON PG. 2)

In order to determine membership eligibility, provide the following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns any percent of the equity interest of the legal entity listed on pg 2, section c. Do not list owners already listed in the CERTIFICATION OF BENEFICIAL OWNERS section.

NAME		DATE OF BIRTH	ADDRESS (Residential or Business Street Address)	
SOCIAL SECURITY NUMBER	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*	OWNERSHIP SHARE %	MEMBERSHIP ELIGIBILITY

NAME		DATE OF BIRTH	ADDRESS (Residential or Business Street Address)	
SOCIAL SECURITY NUMBER	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*	OWNERSHIP SHARE %	MEMBERSHIP ELIGIBILITY

NAME		DATE OF BIRTH	ADDRESS (Residential or Business Street Address)	
SOCIAL SECURITY NUMBER	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*	OWNERSHIP SHARE %	MEMBERSHIP ELIGIBILITY

NAME		DATE OF BIRTH	ADDRESS (Residential or Business Street Address)	
SOCIAL SECURITY NUMBER	PASSPORT OR OTHER ID NUMBER*	COUNTRY OF ISSUANCE*	OWNERSHIP SHARE %	MEMBERSHIP ELIGIBILITY

*For U.S. Persons: Provide a Social Security Number.

For Non-U.S. Persons: Provide a Social Security Number, passport number and country of issuance, or other similar identification number, such as an alien identification card number or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, the undersigned certifies on behalf of the Account Owner that:

- The number shown on this form is the Account Owner's correct taxpayer identification number (or the Account Owner is waiting for a number to be issued), and*
- The Account Owner is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account Owner that it is no longer subject to backup withholding, and*
- The Account Owner is a U.S. citizen or other U.S. person. For federal tax purposes, the Account Owner is considered a U.S. person if the Account Owner is: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*
- The FATCA code(s) entered on this form (if any) indicating that the Account Owner is exempt from FATCA reporting is correct.*

Certification Instructions. Check the box for item 2 above if the Account Owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return. Checking the box serves to strike out the language related to underreporting. Complete the appropriate W-8 form if the Account Owner is not a U.S. person. If a separate W-8 form is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
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SIGNATURE(S)

On behalf of the Business, the undersigned apply(ies) for membership in the Credit Union, and acknowledge(s) receipt of and agree(s) to the terms of the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time. The undersigned agrees to abide by the Credit Union's Bylaws, rules, and regulations, as amended from time to time. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

X

NAME (PRINT):

DATE:

FOR CREDIT UNION USE ONLY

DATE _____ BRANCH _____ EMPLOYEE _____

Member/Org Number

Account Number



Business Account Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person or business that opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, if applicable, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACCOUNT TYPE

- Business Checking
 Business Interest Checking Plus
 Business IOLTA/IOTA
 Non-Profit Checking
 Business Savings
 Business Money Market
 Business Certificate
 Commercial Checking

DRAW ACCOUNT AUTHORIZATION/REQUEST

- You request overdraft protection on your checking account with us. Your overdrafts will be covered by transferring funds from your business loan and/or other business deposit account(s) identified below and in the order specified, provided you have enough available funds. You hold us harmless from any and all liability which might otherwise exist if a transfer does not occur.
 You elect not to participate in overdraft protection with a draw account.

Priority	Source Account Type – Account Number
1.	
2.	
3.	
4.	

AUTHORIZATION FOR BUSINESS SIGNERS

Each Business Signer below has the right to individually transact business on this account.

On behalf of the Account Owner, the undersigned acknowledge(s) receipt of and agree(s) to the terms of this Business Account Application, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein. The undersigned further agrees to be bound by the Credit Union's Bylaws, rules and regulations, as amended from time to time. The undersigned agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

This form supersedes, takes precedence over and replaces any such form that preceded it.

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE

SIGNATURE	DATE
SIGNATURE	DATE
SIGNATURE	DATE
SIGNATURE	DATE

AUTHORIZATION FOR BUSINESS AUTHORIZED SIGNERS

Each Business Authorized Signer(s) listed below has the right to individually transact business on this account and may be removed at any time without notice by any Business Signer.

The undersigned acknowledge(s) receipt of and agree(s) to the terms of this Business Account Application, the Business Membership and Account Agreement, the Funds Availability Policy Disclosure, and additional documents and disclosures the Credit Union has provided, as amended from time to time, and as applicable to the accounts and services requested herein. The undersigned also agree(s) to promptly notify the Credit Union in writing of any changes to the information contained on this document.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

This form supersedes, takes precedence over and replaces any such form that preceded it.

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE
FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE
SIGNATURE			DATE
SIGNATURE			DATE
SIGNATURE			DATE
SIGNATURE			DATE

FOR CREDIT UNION USE ONLY

DATE _____ BRANCH _____ EMPLOYEE _____

Non-Member Information Record

IMPORTANT INFORMATION FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account.

What this means for You: When You open an Account, We may ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Prefix	First Name	Middle Name	Last Name	Suffix
Birth Date		Mother's Maiden Name		
Type of Identification	Identification Number	Place of Issuance		
Country of Issuance	Issue Date (if available)	Expiration Date		
Primary Address Line 1		Primary Address Line 2		
Primary City	Primary State	Primary Zip Code		
Primary Country	Employer	Occupation		
Home Phone	Cell Phone	Business Phone	Business Extension	
Home Email Address		Business Email Address		

Taxpayer Identification and Backup Withholding

Taxpayer Identification Number	Certification Date	CIP External Verification (Internal Use Only)
Resident Tax Country	Country of Citizenship	Are you a non-resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number; (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien).

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

You understand and agree that You are not applying for membership in DFCU Financial. By signing below, You also agree to be bound by the terms and conditions found within the Agreements And Disclosures. You acknowledge receiving a copy of those Agreements And Disclosures related to the Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. Your signature below is Your continuing authorization to DFCU Financial to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ Printed Name _____ Date _____

When Acting As Agent Complete The Following:

Agent For Member (printed full name) _____ Social Security Number _____

DATE _____ BRANCH _____ EMPLOYEE _____

141NONMEMRECFILL

Member Number

(Please use your consolidated Member Number if Applicable)



**Business Name
Business Online Administrator**

**Business DFCU Online
Access Authorization**

List additional Member Number(s) to include in this authorization.

Member # <input type="checkbox"/> Add <input type="checkbox"/> Remove	Member # <input type="checkbox"/> Add <input type="checkbox"/> Remove	Member # <input type="checkbox"/> Add <input type="checkbox"/> Remove	Member # <input type="checkbox"/> Add <input type="checkbox"/> Remove
Member # <input type="checkbox"/> Add <input type="checkbox"/> Remove	Member # <input type="checkbox"/> Add <input type="checkbox"/> Remove	Member # <input type="checkbox"/> Add <input type="checkbox"/> Remove	Member # <input type="checkbox"/> Add <input type="checkbox"/> Remove
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If you do not have full access rights to all accounts under a specific Member Number, list additional Account Number(s) to include in this authorization.

Account # <input type="checkbox"/> Add <input type="checkbox"/> Remove	Account # <input type="checkbox"/> Add <input type="checkbox"/> Remove	Account # <input type="checkbox"/> Add <input type="checkbox"/> Remove	Account # <input type="checkbox"/> Add <input type="checkbox"/> Remove
Account # <input type="checkbox"/> Add <input type="checkbox"/> Remove	Account # <input type="checkbox"/> Add <input type="checkbox"/> Remove	Account # <input type="checkbox"/> Add <input type="checkbox"/> Remove	Account # <input type="checkbox"/> Add <input type="checkbox"/> Remove
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By signing below, You acknowledge that as the Business Online Administrator (BOA), you have full access rights to all the Member and Account Numbers listed above. You certify that as the BOA, you are authorized to conduct all online banking functions for the business and to establish and maintain the access levels and functional authority of additional online users. You also understand that the business assumes full and sole responsibility for any actions by You as the BOA or any other additional online users that You establish.

You as well as any additional online users you designate must agree to the terms and conditions of the DFCU Online Access Agreement-Business Banking and additional documents and disclosures DFCU Financial has provided, as amended for time to time, and as applicable to the accounts and services requested.

_____ Business Signer's Signature	_____ Business Signer's Printed Name	_____ Date
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FOR CREDIT UNION USE ONLY

DATE _____ BRANCH _____ EMPLOYEE _____